

PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)Name of Debtor
James Clint Peritte
Stephanie Renee PeritteCase Number
01-01998**NOTE:** This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503

01-01998

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Call Jewelers

Name and Address where notices should be sent:

Call Jewelers
PO Box 9099
Nampa, Idaho 83652-9099

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.



1665940

THIS SPACE IS FOR COURT USE ONLY

Telephone Number: 467-3261

Account or other number by which creditor identifies debtor:
2141380Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated _____

1. Basis for Claim

- ☒ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. Date debt was incurred:

7-22-00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 1303.76

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☒ Other see attached

Value of Collateral: \$ 1303.76

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____
Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

7-24-01

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Cindy WilliamsMgr.
Cindy Williams Asst. Cr.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

LOCATIONS
BOISE - NAMPA - PHOENIX
MESA - TUCSON - YUMA
SIERRA VISTA - GLENDALE

Call Jewelers
P.O. BOX 26610 - PHOENIX, AZ 85068-6610



Assoc 60038
2:31P

To: James
9243 West Calico Street
Boise

Boise

ID 83709-

H 208-376-1333
W 208-884-1100

200

Midtown Spectrum
208-467-1071

POS# 51

4-2-31471
07/22/00

TRANSACTION RECEIPT

Account Number
2141380

* Item Number	Description	Price @ Qty	Net
349159	Fancy Cut Diamond	3375.00	2699.00
106 1	71M0 14KPT04269929 JS12LDH	-676.00	
798-8888-8888-8-1	Extended Service Plan	49.95	49.95
32193	Peace of Mind Policy (ESP)	376.00	376.00
191 1	Mounting, Lds Blnk/Semi-Mount		
460832	Trio Wedding Set	420.00	249.00
116 1	10TGTSTR10SDIABNDMF984025091	-171.00	
798-8888-8888-8-1	Extended Service Plan	29.95	29.95
8798	Peace of Mind Policy (ESP)	-49.95	-49.95
855 85	Coupon		
8788	Peace Of Mind Policy Gift Cert	-29.95	-29.95
855 85	Coupon		
821	Peace Of Mind Policy Gift Cert	-1554.00	-1554.00
821 9	Trade-in		
60043			
You were served by: Jim			
C 2141380	Plan	Promo	Appr A18
		NI	Subtotal
		Tax	84.51
		Total	1854.51
		Charge	

I agree to pay the above total amount according to the Call Jewelers
Optional Charge Account and Security Agreement on the reverse.
ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

7/22/00

Buyer's Signature:

James Jewell

All Buyers are
Co-Purchasers

Buyer's Signature:

[Signature]

STORE COPY